

Rising Star Daycare
1411 Highland Ave
Langhorne PA 19047
215-757-8350
Agreement

55 PA. Code Chapters 3270.123 & 181 (C); 3280.123 & 181 (C); 3290.123 & 181 (C)

Name of Child: _____

Child's Arrival Time: _____ Child's Departure Time : _____

Tuition Per Week \$ _____. Tuition Payments Due: Every Friday or Monday.

Late Tuition Fee: \$10 Per Day. Operation Hours: 7 a.m.-6:30 p.m. Late Pick Up Fee: \$1/minute.

Person designated by parent to whom a child can be released: _____

Services to be provided as part of the daycare fee:

Professional Teachers with college degrees in Education, who provide excellent care and safe learning environment. Your child will receive age appropriate lessons according to PA Learning Standards in Personal and Social Development, Mathematical Thinking, Language and Literacy, Scientific Thinking, Social Studies, Arts, Physical Development and good Health Choices. Dual Language offered and Music Education every Tuesday and Thursday. We will provide three freshly prepared meals per day including organic products in accordance with our FOOD Program.

Parent SS# ____-____-____. PLEASE INITIAL ALL OF THE FOLLOWING:

I, THE PARENT/GUARDIAN:

☐ I AGREE: My Child will attend school on (circle) **Mon. Tues. Weds. Thurs Fri**

☐ I AGREE: The Deposit equal to \$_____ shall be made upon my child's registration. The REGISTRATION FEE OF \$50.00 is NON-REFUNDABLE. All parents/ guardians must submit a written two weeks notice prior to terminating this agreement, to be eligible for deposit money to pay the last week attended.

☐ I AGREE: That a 50% tuition payment will be charged during a scheduled vacation and when my child is absent a full week due to sickness. Without NOTIFICATION FULL TUITION WILL BE CHARGED

☐ I AGREE: That a full weekly tuition payment will be charged if my child is present at least one day a week.

☐ I Agree: To give a written two weeks notice for any planned absence of my child. Otherwise A DOCTOR NOTE MUST BE PRESENTED.

☐ I AGREE: That a full tuition will be charged for all scheduled holidays, non-scheduled vacations, snow days and acts of God.

☐ I AGREE: To update the EMERGENCY CONTACT FORM, FOOD PROGRAM FORM, AGREEMENT FORM every six (6) month an when any changes occur and provide YEARLY Health Form for my child/ren (DHS 3270.124, 3280.124, 3290.124)

☐ I AGREE To put my child's name on all belongings. To NOT bring toys to school. I understands that RISING STAR is not responsible for any lost personal items belonging to my child.

☐ I AGREE: that I received complete written program information at the time of enrollment. (3207.121, 3280.121, 3290.121).

☐ I AGREE that I will be provided information about the child's growth and development within a six month period in the context of the services being provided.

☐ I AGREE: that Rising Star Daycare is not liable for my child/children contracting any illnesses, including COVID-19 and any related illnesses.

Administrator Signature _____ Date _____ Child Start Date _____

Parent Signature _____ Date _____ Date _____

PERIODIC SIGNATURE REVIEW _____ Date _____